

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
*16183708K*      FILING DATE  
*4/18/01*  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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50						
TOTAL IND.	1		1		1	
TOTAL DEP.	1	3	1	3	1	3
TOTAL CLAIMS	14		14		14	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS